

**CALIFORNIA DEPARTMENT OF
CORRECTIONS AND REHABILITATION**

**REPORT ON OBTAINING ADDITIONAL
TREATMENT AND REHABILITATIVE
SERVICES**

LEGISLATIVE REPORT

JANUARY 2008

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EXECUTIVE SUMMARY

The California Department of Corrections and Rehabilitation (CDCR) respectfully submits the following report that describes the Department's plan to obtain additional treatment and rehabilitation services for prison inmates and parolees. This report is required by Section 8 of Chapter 7, Statutes of 2007 (the Public Safety and Offender Rehabilitation Services Act of 2007, Assembly Bill [AB] 900, Solorio).

Section 8 of AB 900 adds Penal Code Section 2062 which requires CDCR to develop and implement a plan to obtain additional services for prison inmates and parolees. The plan shall include, but is not limited to, all of the following:

- (1) Plans to fill vacant State staff positions that provide direct and indirect rehabilitation and treatment services to inmates and parolees.
- (2) Plans to fill vacant staff positions that provide custody and supervision services for inmates and parolees.
- (3) Plans to obtain from local governments and contractors services for parolees needing treatment while in the community and services that can be brought to inmates within prisons.
- (4) Plans to enter into agreements with community colleges to accelerate training and education of rehabilitation and treatment personnel, and modifications to the licensing and certification requirements of State licensing agencies that can accelerate the availability and hiring of rehabilitation and treatment personnel.

This report briefly addresses the Department's overall plan and approach to obtain additional treatment and rehabilitation services for prison inmates and parolees. In this document, the Department will provide a fuller picture of the various activities that are underway or planned to increase rehabilitative and treatment services. The report addresses plans for:

- o Development of a master plan for rehabilitative programming.
- o Infrastructure development and support (i.e., facility space, human resources, and staff training).
- o Increasing rehabilitative programming in specified areas (i.e., substance abuse programs and mental health day treatment and crisis beds).
- o Changing the approach to delivering rehabilitation and treatment services.
- o Obtaining additional rehabilitative programming for inmates in the correctional system, including prisons, secure reentry program facilities, and communities while on and after parole.

Item 2 above is discussed in detail in a separate report the Legislature has received;¹ therefore, this report will provide only a brief overview of the subject. This report will capture how

¹ Legislative Report: California Department of Corrections and Rehabilitation, Management Plan, dated January 15, 2008.

complimentary activities, some of which are addressed in other required reports, fit within the overall framework and approach to providing rehabilitative programming and treatment services for prison inmates and parolees.

The Department's plan to obtain additional rehabilitation and treatment services for prison inmates and parolees is multi-faceted. The Department will employ a comprehensive approach to providing and partnering with local communities to provide an array of treatment interventions and programs targeted to meet offender risk and needs, as determined through an individual assessment process, within prison settings and communities. The plan has three tracks: increase utilization of existing programming resources (Track 1); implement and test the new rehabilitative programming model through a "proof project" (Track 2); and implement the new programming model statewide (Track 3).

Track 1 is focused on fully utilizing existing programming capacity within prisons. There are three phases of this effort: increasing utilization of existing programming resources by maximizing offender participation in current programs; increasing programming capacity within existing resources; and increasing programming capacity with new resources (will require future budgetary action). The goal of this effort is at least twofold: to better use current programming resources and to begin to focus on moving the prison system in generally the right direction consistent with the new rehabilitative treatment model.

Track 2 is to implement the "proof project" to demonstrate and test implementation of the new rehabilitative model (California Logic Model) recommended by the Expert Panel on Adult Offender Recidivism Reduction Programming (Expert Panel). The Expert Panel recommended using a reception center, a prison, and a parole region to test the design and remedy implementation issues prior to statewide rollout. The Department is also including a secure reentry facility setting (a new option authorized by AB 900) within the test since these facilities will offer additional rehabilitation programming opportunities and facilitate offender reentry to home communities.

Track 3 is the rollout statewide of the new rehabilitative treatment model based on the "lessons learned" from the proof project. The proof project will inform and facilitate statewide implementation by providing valuable process and practice design. The elegant design of the new rehabilitative model will be incorporated statewide throughout the correctional system.

This multi-track approach will allow CDCR to immediately engage the entire system in beginning to move toward the envisioned rehabilitative treatment model. This comprehensive approach to increasing effective offender rehabilitative programs will contribute to offender success upon return to the community (reduced recidivism) and public safety.

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A. INTRODUCTION

The California Department of Corrections and Rehabilitation (CDCR) respectfully submits the following report that describes the Department's plan to obtain additional treatment and rehabilitation services for prison inmates and parolees. This report is required by Section 8 of Chapter 7, Statutes of 2007 (the Public Safety and Offender Rehabilitation Services Act of 2007, Assembly Bill [AB] 900, Solorio).

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- (2) Plans to fill vacant staff positions that provide custody and supervision services for inmates and parolees.
- (3) Plans to obtain from local governments and contractors services for parolees needing treatment while in the community and services that can be brought to inmates within prisons.
- (4) Plans to enter into agreements with community colleges to accelerate training and education of rehabilitation and treatment personnel, and modifications to the licensing and certification requirements of State licensing agencies that can accelerate the availability and hiring of rehabilitation and treatment personnel.

CDCR is required to submit the plan and a schedule for implementation of its provisions to the Legislature by January 15, 2008.

B. BACKGROUND

A significant body of work has been completed which directs and/or guides the Department's approach to obtaining additional treatment and rehabilitation services for prison inmates and parolees. The primary foundational documents are: State statute (i.e., AB 900 and Senate Bill [SB] 81), the Expert Panel on Adult Offender Recidivism Reduction Programming (Expert Panel) Report to the California State Legislature: A Roadmap for Effective Offender Programming in California, and the Governor's Rehabilitation Strike Team (Strike Team) reports, which include two status reports and a final report. In addition, CDCR has authored various response letters and reports regarding these documents. Together these documents provide the foundation for the Department's plan to obtain additional treatment and rehabilitation services for prison inmates and parolees. A brief description of each follows.

1. AB 900 – The Public Safety and Offender Rehabilitative Services Act of 2007

The primary focus of AB 900 is rehabilitative programming for inmates and parolees, which is viewed as a key way to reduce recidivism and create safer environments in prisons and in

communities when offenders come home. Accordingly, AB 900 charges the Department with responsibility to: (a) address departmental infrastructure problems that, without remedy, will hinder or prevent successful rehabilitative programming; (b) change the approach to rehabilitation and treatment services; and (c) create new, retool and/or expand existing rehabilitative programming.

AB 900 also authorizes significant revenue bond financing for new prison, reentry, and jail beds as a way to reduce overcrowding and enable the delivery of effective rehabilitation programming. The acquisition of new beds is undertaken in two phases. PC Section 7021 provides 13 conditions that serve as performance milestones for Phase I and must be completed prior to release of revenue bond funds for Phase II construction projects. Many of these conditions directly relate to increasing rehabilitative programming. Moreover, it is Condition 12 that requires the Department to develop and implement a plan to obtain additional rehabilitation services, which is the subject of this report.

2. The Expert Panel

The Expert Panel was created by the Department in response to fiscal year (FY) 2006-07 Budget Act, Item 5225-001-0001. The Department contracted with correctional program experts to complete comprehensive evaluations of all adult male and female offender prison and parole programs designed to reduce recidivism and to design a program model for evidence-based offender rehabilitation.

The Expert Panel's Report to the California State Legislature: A Roadmap for Effective Offender Programming in California was submitted June 29, 2007. The report addresses two aspects of offender programming: a model program for rehabilitative programming; and, evaluation of existing rehabilitative programs provided and/or funded by CDCR. The report found that to achieve positive outcomes, rehabilitation programs must be provided to the appropriate participants in a manner consistent with evidence-based programming design. The work of the Expert Panel provides recommendations to guide the Department in creating a model rehabilitation programming system, which is presented as the California Logic Model.

3. The Governor's Rehabilitation Strike Team

Two Strike Teams were created by Governor Arnold Schwarzenegger in May 2007, one to focus on reducing overcrowding (facilities construction) and the other to focus on increasing rehabilitation and reentry opportunities statewide (rehabilitation). The Rehabilitation Strike Team was charged with providing rehabilitation program recommendations and a progress roadmap directly to CDCR. The Strike Team has issued two status reports: one in August 2007 and one in October 2007.

In the first status report the Strike Team endorsed the recommendations of the report issued by the Expert Panel, and used its blueprint of evidence-based practices to assist CDCR in implementing the requirements of AB 900. This status report reflects the findings of an assessment of organizational readiness to relieve prison overcrowding, facilitate implementation of the Expert Panel recommendations, and meet the AB 900 Phase I performance measures (13 conditions).

In the second status report the Strike Team focused on specific deliverables—concentrating on four initiatives. The four initiatives are:

- Development of an offender accountability and rehabilitation plan in a parole region, reception center, and prison.
- Implementation of parole reform anchored in the structural possibility of “earned discharge” (i.e., earned discharge and parole accountability plan) and guided by a new parole matrix (i.e., technical parole violations matrix).
- Implementation of a prison-to-work program designed to facilitate offenders’ successful reentry into communities (i.e., the inmate prison-to-employment plan).
- Implementation of a training program whereby correctional officers can benefit from training provided by community colleges (i.e., the community college and CDCR Education and Training Plan).

The Strike Team completed a final report in December 2007 which provides detailed plans for each of these four initiatives. The Strike Team officially ended its work at the end of December 2007.

Based upon the direction and guidance outlined in the preceding, this report captures the Department’s overall plan to obtain additional treatment and rehabilitation services for prison inmates and parolees. In this document, the Department will provide a fuller picture of the various activities that are underway or planned to increase rehabilitative and treatment services. The report addresses plans for:

- Development of a master plan for rehabilitative programming.
- Infrastructure development and support (i.e., facility space, human resources, and staff training).
- Increasing specific rehabilitative programs as required by AB 900 (i.e., substance abuse programs and mental health day treatment and crisis beds).
- Changing the overall approach to delivering rehabilitation and treatment services.
- Obtaining additional rehabilitative programming for inmates in the correctional system, including prisons, secure reentry program facilities, and communities while on and after parole.

This report will capture how complimentary activities, some of which are addressed in other required reports to the Legislature, fit within the overall framework and approach to providing rehabilitative programming and treatment services for prison inmates and parolees.

C. MASTER PLAN FOR REHABILITATIVE PROGRAMMING

The Department has initiated a short-term project to complete a single, comprehensive work plan that captures all of the work related to development and implementation of the new rehabilitative programming system. The directives and guidance given to the Department, as documented in the preceding narrative, are substantial. These foundational materials were recently augmented by the final report of the Strike Team. While the Department has taken steps to manage this significant workload, it has become increasingly apparent these efforts are severely hindered by the lack of a comprehensive, integrated work plan. Individuals and organizational units have separately interpreted and begun implementation of new business

requirements without benefit of this framework. A reform effort of this magnitude, with multiple “movable parts,” will increasingly struggle without such a plan.

Therefore, the CDCR Adult Programs has undertaken a short-term effort to complete a single, comprehensive work plan that captures all of the work related to development and implementation of rehabilitative programming. The work plan is also referred to as a master plan for rehabilitative programming. The Department is using existing project management staff (contracted and internal staff) to work closely with Adult Programs to develop the work plan. These resources will provide project management office support to this effort, including documentation of the work plan and schedule within an automated project management tool (i.e., Microsoft project management). The master work plan for rehabilitative programming will be completed by mid-March 2008.

D. INFRASTRUCTURE DEVELOPMENT AND SUPPORT

CDCR is undertaking several courses of action to build or enhance key infrastructure supports necessary to increase effective rehabilitative programming. These actions are focused primarily on facility/space requirements, human resources, and staff training. The Legislature received a separate report from the Department concerning those areas; therefore, only a brief description of each follows.²

1. Facility/Space Requirements

The Expert Panel report identified prison overcrowding (that makes prisons unsafe and reduces space to run programs) as a significant factor preventing the delivery of rehabilitative programming for inmates. The Department’s Facility Planning, Construction and Management organization is responsible for implementation of the facility plan called for in AB 900 and has completed detailed work plans for completion of these activities. The facility work plans will be aligned with, but will not be incorporated with the master plan for rehabilitative programming (as described in Section C). The three primary activities which are intended to reduce overcrowding and allow increased rehabilitative programming opportunities are:

a. Prison Construction

AB 900 authorizes 16,000 beds in Phase 1 (12,000 beds) and Phase II (4,000 beds) at existing prison facilities (referred to as “in-fill beds”). These beds will replace temporary beds currently in use; the beds may not be used to house additional inmates. Any new beds constructed under this process are required to be supported by rehabilitative programming for inmates. The Department recently submitted to the Legislature the required master plan for construction and renovation of facilities,³ which addresses proposed in-fill bed construction plans. The master plan shows that 13,000 in-fill beds are currently planned at the following prison locations:

- Kern Valley State Prison: 1,000-bed semi-autonomous unit with occupancy scheduled for December 2009.
- North Kern State Prison: 950-bed reception center unit with occupancy scheduled for March 2010.

² Legislative Report: California Department of Corrections and Rehabilitation, Management Plan, dated January 15, 2008; and, the 2008 Master Plan Annual Report

³ 2008 Master Plan Annual Report

- Wasco State Prison: 950-bed semi-autonomous unit with occupancy scheduled for July 2010. A second project is for a 950-bed reception center unit with occupancy scheduled for July 2010.
- California Correctional Institution: 950-bed reception center unit with occupancy scheduled for July 2010. A second project is for a 300-bed administrative segregation unit with occupancy scheduled for July 2011. A third project, a 950-bed semi-autonomous unit is scheduled for an October 2011 occupancy date.
- R.J. Donovan: 1,000-bed semi-autonomous unit with occupancy scheduled for April 2010.
- High Desert State Prison: 1,000-bed semi-autonomous unit with occupancy scheduled for June 2010.
- Division of Juvenile Justice Site: 1,000-beds will be converted for adult mixed use, with occupancy by September 2009.
- Salinas Valley State Prison: 1,000-bed semi-autonomous unit with occupancy planned for September 2011.
- Centinela State Prison: 1,000-bed semi-autonomous unit with occupancy planned for May 2011.
- Duel Vocational Institution: 1,950-beds comprised of one 1,000-bed semi-autonomous unit and one 950-bed semi-autonomous unit. Occupancy is planned for September 2011.

The process is underway to determine additional locations for the remaining Phase 1 in-fill bed project.

b. Secure Community Reentry Facilities

AB 900 authorizes 16,000 beds in Phase I (6,000 beds) and Phase II (10,000 beds) to provide housing for inmates in secure community reentry facilities (SCRF). A SCRF shall: not exceed 500 beds; be sited in an urban location (to the extent possible); and only be established in a city, county, or city and county that requests a reentry facility with the proposed location identified by these parties.

Secure reentry facilities will house inmates within one year of release from custody and offer intensive rehabilitative programs designed to enhance the likelihood of a parolee's successful reintegration into society. Reentry facilities located in local communities are intended to further public safety by providing the opportunity for local law enforcement to coordinate supervision and develop local community support networks for returning parolees. It is further intended that these facilities provide programming tailored to the specific problems faced by the offender population when reintegrating into society. Individuals housed in these facilities will receive risk and needs assessments, case management services, and wraparound services that provide a continuity of support services between custody and parole. The Department will develop collaborative partnerships with local government, local law enforcement, and community service providers in providing these facilities and rehabilitative programming.

To date, the Department has conducted ten reentry workshops around the State to share information. The workshops were held between August and October 2007 with 40 counties and 800 individual participants representing counties, cities, providers, community-based and faith-based organizations, builders, and land development companies. A total of 17 counties have signed "Agreements to Cooperate" and want to explore siting a SCRF. The status is:

- Two counties are interested in siting an SCRF not contingent upon award of jail bond funding (San Diego and Kern).
- Eleven counties are interested in siting an SCRF contingent upon award of jail bond funding (Butte, Madera, Merced, Monterey, Orange, Santa Barbara, San Benito, San Bernardino, San Luis Obispo, San Mateo, Stanislaus, and Tuolumne).
- Three counties have initiated development of an SCRF through conversion of the Department's Northern California Women's Facility in Stockton pursuant to SB 943 (Amador, Calaveras, and San Joaquin).
- In addition, CDCR is in the process of finalizing an Intergovernmental Agreement with San Francisco County District Attorney's Office for a 48-bed reentry program.

CDCR is working on many fronts; a particular focus is on implementation of the Northern California Reentry Facility (NCRF) in Stockton. Significant facility design work and rehabilitative program planning is underway in cooperation with a local reentry advisory committee. Work on other potential reentry facility locations is also underway.

c. Medical, Dental, and Mental Health Treatment or Housing

Revenue bond financing will be available for the Department to construct and establish new buildings at facilities under its jurisdiction to provide medical, dental, and mental health treatment or housing. AB 900 authorizes 8,000 beds in Phase I (6,000 beds) and Phase II (2,000 beds). No conditions (performance benchmarks) are applied to these funds.

d. Other Activities

AB 900 also authorizes the out-of-state transfer of inmates for confinement. The Department has used this authority to provide temporary relief for prison overcrowding. CDCR has established 5 contracts for 7,772 out-of-state beds, and will finalize the last contract to obtain a total of 8,132 beds in accordance with AB 900. As of January 11, 2008, 2,205 inmates have been transferred out of state. It is projected by June 2008, CDCR will have transferred 4,464 inmates into out-of-state facilities and by April 2009 approximately 7,772 out-of-state beds will be filled. The contracts for these beds also include rehabilitative programming; the rehabilitative program structure was reviewed by CDCR program staff and delivery is monitored. Program offerings include Adult Basic Education I and II, general education degree, substance abuse treatment, life skills, and vocational programs such as carpentry, painting, and computer drafting. Vocational and academic programs vary depending on the site.

2. Human Resources

AB 900 requires the Department to remedy management deficiencies and staffing shortages that have severely impacted operations and, if not addressed, will interfere with the ability to provide effective rehabilitative programming. The Department has taken the following steps.

a. Management Deficiencies

The Department has made significant gains in addressing management deficiencies within CDCR and has submitted the required plan on this subject to the Legislature.⁴ The plan reports that from January 2007 through September 2007 CDCR management positions have remained filled at 75 percent or greater. System reports indicate as of November 2007 there were 971 established management positions and 193 of those were vacant, which equates to a filled rate of 80.1 percent.

b. Staffing Shortages

The Department has also made gains in addressing staffing shortages. First, the Department has developed and implemented a comprehensive plan to reduce vacancies in custody and supervision services positions. The plan focused on establishing the infrastructure necessary to meet the statewide crisis of entry-level officer vacancies, and streamlining the recruitment, examination, and hiring processes for entry-level peace officers and parole agents. The streamlined processes combined with the additional staffing have resulted in the successful filling of all academies since February 2007.

Second, the Department has focused on filling vacant positions that are responsible to provide direct and indirect rehabilitation and treatment services to inmates and parolees. Good progress in filling vacancies has been made to date, with a particular emphasis on academic and vocational teachers. Teacher pay parity with community teachers was initiated by CDCR and successfully negotiated by the Department of Personnel Administration last year. This was followed by a push in recruitment of teachers to fill existing vacancies; out of a total of 1,520 positions statewide, the Department has hired 175 teachers, an increase from 1,217 positions to 1,392 positions over the prior year.

In addition, significant staff resources are proposed through the Governor's Budget for FY 2008-09 to support rehabilitation programs. As described in a separate report,⁵ 177.7 positions are added in order to increase rehabilitative programming. The proposed positions are to establish and oversee rehabilitative programs (30 positions); implement the assessment and case planning process as well as staff training (98.7 positions beginning in FY 2008-09, with 47 additional phased-in over 3 years); statewide tracking and reporting of inmate education (6 positions); required program expansions in substance abuse treatment and day treatment and crisis services for mentally ill offenders (33 positions); and research activities to ensure evidence-based programming and evaluation of outcomes (10 positions).

⁴ Legislative Report: California Department of Corrections and Rehabilitation, Management Plan, dated January 15, 2008

⁵ Report on Expenditure of AB 900 Rehabilitation Funding, February 2008

c. Modification of Staff Licensing and Certification Requirements

AB 900 requires the Department to consider modifications to the licensing and certification requirements of State licensing agencies that can accelerate the availability and hiring of rehabilitation and treatment personnel. This action has not yet begun pending determination of the appropriate job classifications to be used in conducting assessment, case planning, case management, and other rehabilitative programming activities. It is anticipated that the Department will initiate a review of these areas by March 15, 2008.

3. Staff Training

The success in implementing the envisioned rehabilitative programming approach is greatly dependent upon organizational readiness and capacity at all levels of the Department. Moreover, the Strike Team found the Department will need to bring about significant change, with organizational readiness dependent upon having well-trained staff. The Department has several approaches to address the need for staff training, as follows:

a. Interagency Agreement with California Community Colleges System Office

CDCR is planning to enter into agreements with the California Community Colleges System Office, and individual community colleges to accelerate training and education of rehabilitation and treatment personnel. The agreement with the California Community Colleges System Office will be to provide assessment and training for Department personnel in rehabilitation and education programming. The community colleges will assist the Department in developing a curriculum to train new employees and retrain existing employees. CDCR anticipates it will begin to deliver orientation training early in the next fiscal year and initiate roll-out of specialized training in the 12 months following.

b. Departmental Resources for Staff Training

CDCR will also provide training to approximately 1,900 prison staff that will play key roles in the rehabilitation process for inmates and the implementation of AB 900. Central to the Department's success in implementing a rehabilitative environment will be staff training regarding the role rehabilitation can play in an offender's life, the principles that will be taught to offenders, and their role in an offender's rehabilitation and public safety. The training provided will be in the areas of: the principles of effective rehabilitation, cognitive behavioral intervention, motivational interviewing, and other skills. The training will provide specific communication skills and techniques designed to reduce offender resistance, increase offender motivation to change, and reduce individual criminal risk.

The Department will begin by training existing staff at reception centers that are directly responsible for administering the risk and needs assessments. During those individual training sessions, CDCR will also train identified staff to serve as department-wide trainers, who will then travel the State in teams and train staff at all institutions. Ultimately, this rehabilitation training will be added to the academies where it will be required for all participants.

E. INCREASING SPECIFIC REHABILITATIVE PROGRAMS (AS REQUIRED BY AB 900)

AB 900 requires the Department to increase specific rehabilitation programs-substance abuse programs and mental health day treatment and crisis beds. The Department has planned and begun implementation in both areas.

1. Expand Substance Abuse Treatment Services

CDCR will be expanding in-prison substance abuse treatment services to accommodate at least 4,000 additional inmates who have histories of substance abuse. In addition, CDCR is required to expand follow-up treatment services in the community (aftercare) in order to ensure offenders who participate in substance abuse treatment while incarcerated in prison receive necessary follow-up treatment while on parole. AB 900 requires that at least 2,000 substance abuse treatment slots be established, with aftercare in the community prior to release of Phase II revenue bond financing for construction (Condition 4).

As reported in a separate report,⁶ the first phase of substance abuse treatment expansion will be for substance abuse treatment services for 2,000 inmates and continuing care for 1,000 parolees. CDCR is currently budgeted for 50 percent of substance abuse program participants to take part in community aftercare for an average of 150 days. This funding level corresponds to actual program participation experience, i.e., aftercare in the community is voluntary and 10 years of prior data shows participation rates not exceeding 50 percent.

CDCR has begun the work to implement the new 2,000 slots, including working with the prisons where the beds will be located, drafting the request for proposals used to select contractors to deliver the services, and doing joint work with other CDCR program organizations to plan integrated services for the new programs. The Department has selected the prison locations and conducted site reviews to validate feasibility. The locations are: California Correctional Institution Level I (50 slots); California Institution for Men Level I (250 slots); Valley State Prison for Women Level I/IV (250 slots); Central California Women's Facility Level I/IV (250 slots); California State Prison, Solano Level II (500 slots); Sierra Conservation Center Level I (250 slots); Avenal State Prison Level II (250 slots); and Leo Chesney Community Correctional Facility (200 slots).

In addition, although not required by AB 900, CDCR is phasing in 1,800 new In-Custody Drug Treatment Program (ICDTP) beds for parolees. All beds will be established by April 1, 2008. The community beds are contracted through Substance Abuse Services Coordination Agencies providers and are being phased in as follows:

- Over 850 of community-based beds have been established statewide. The goal is to have 1,240 community beds for this program:
 - Over 500 community-based beds are operational and available for use as remedial sanctions for parole violators in Los Angeles County, including at least 30 beds designated for female parolees.
 - 350 community beds have been established in other counties throughout the State.
 - The remaining 390 community beds are being phased-in between January and April 1, 2008.
- 560 jail beds have been established statewide:
 - Of these beds, 96 county jail beds are operational and available for use as remedial sanctions in Orange County, including at least 30 beds designated for female parolees.

⁶ Report on Expenditure of AB 900 Rehabilitation Funding, February 2008

- The other 464 jail beds are located in: Kern, Tulare, Merced, Del Norte, Santa Clara, and Chula Vista.

Once fully phased in, there will be no fewer than 400 ICDTP beds in each of the 4 parole regions, with the exception of Region III (Los Angeles) which will have no less than 600 ICDTP beds.

2. Obtain Mental Health Day Treatment and Crisis Care Services

AB 900 (PC Section 3073) authorizes CDCR to obtain day treatment and to contract for crisis care services for parolees with mental health problems. CDCR is required to work with counties in obtaining these services with the goal of extending services upon completion of the offender's period of parole if needed. The AB 900 Phase I condition states: at least 300 parolees are being served in day treatment or crisis care services, pursuant to PC Section 3073 (Condition 8).

The Department has a Mental Health Services Delivery System (MHSDS) that provides offenders access to mental health services while in-custody in prison and upon release to parole. As of July 1, 2007, the statewide parolee population with mental illness was 23,378, or approximately 20 percent of the overall parolee population. These services will augment the existing services currently available to parolees through parole outpatient clinics (POC), which provide mental health assessments and outpatient treatment upon and throughout parole.

Day treatment programming will allow more intensive treatment services for severely mentally ill, higher needs parolees. The addition of a day-treatment program component to the existing POC service array will address an important gap in current services. The Department will work with counties and providers to identify unmet service needs and develop contracts with counties to expand day-treatment options and services.

Crisis intervention services will address a significant unmet need in available mental health interventions. Few options are currently available to address the needs of parolees with a mental health crisis. Contracting with counties for these services will ensure parolees receive necessary crisis intervention services and enable step-down to day-treatment programming and/or board and care as appropriate.

It is anticipated the public entity agreements necessary to implement these services will be executed in May 2008.

F. NEW APPROACH TO DELIVERING REHABILITATIVE AND TREATMENT SERVICES

The Department has initiated many activities that are important contributors to changing the overall approach to delivering rehabilitation and treatment services. Highlights of the overall approach follow.

1. Evidence-Based Principles and Practices for Effective Rehabilitation Programs

The Department has adopted the Expert Panel's report, with the exception of the population culling recommendations which are undergoing further evaluation. In doing so, CDCR has embraced the Expert Panel's recommended eight evidence-based principles and practices, which are made operational through a programming model, referred to as the California Logic Model. These principles and practices are:

- Target Highest Risk Offenders. Correctional agencies should:
 - Provide rehabilitation treatment programming to the highest risk to reoffend prisoners and parolees first.
 - Provide other types of programs to low risk to reoffend prisoners or parolees.
- Assess Offenders' Needs. Correctional agencies should assess the criminogenic needs (dynamic risk factors) of their offenders using research-based instruments. The goal of programming should be to diminish needs.
- Design Responsivity into Programming. Programming should account for individual offender characteristics that interfere with or facilitate an offender's ability and motivation to learn.
- Develop Behavior Management Plans. Individual programming should occur in the context of a larger behavior management plan developed for each offender, which will include the priority and sequence of treatment programs, the means for measuring treatment gains, and the goals for a crime-free lifestyle.
- Deliver Treatment Programs using Cognitive-Based Strategies. Research has consistently determined that cognitive-behavioral treatments are more effective than any other form of correctional intervention because these treatment types address criminal thinking and behaviors in offenders. The therapeutic community treatment model, which uses cognitive-based treatment strategies, is a highly effective method for treating alcohol and other drug dependencies.
- Motivate and Shape Offender Behaviors. Programming should include structure or capacity for rewarding positive behavior in addition to punishing negative behavior.
- Engender the Community as a Protective Factor Against Recidivism and Use the Community to Support Offender Reentry and Reintegration. Programming should involve the offender's immediate family members and the social service agencies in the community to which the offender will be returning. The State should empower the community—families, neighborhoods, religious and cultural institutions, businesses—to reduce crime through deliberate efforts that assist offenders under correctional control and provide support to reduce criminal behavior.
- Identify Outcomes and Measure Progress. All programs should have identified outcomes and integrated methods for measuring progress toward objectives. The system should use performance measures to evaluate progress and inform improvements.

2. Implementation Status

The Department has begun to implement the evidence-based principles and practices for effective rehabilitation programs. These efforts include the following:

a. Risk and Needs Assessment

The Department adopted use of an automated risk and needs assessment instrument and began implementation at reception centers during FY 2006-07. This effort was initially funded by means of the Recidivism Reduction Strategies Budget Change Proposal in the FY 2006-07 Governor's Budget. The instrument used is the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS). The COMPAS risk assessment tool is a research-based, risk and needs assessment tool for criminal justice practitioners to assist them in the placement,

supervision, and case management of offenders in community and secure settings. The assessment tool consists of 141 questions used to determine overall risk potential and a criminogenic needs profile. The COMPAS instrument also contains additional functionality which includes an offender case plan, parole agent case plan, case notes, and resource database (currently containing community resources only).

The Department adopted a phased implementation plan for completing COMPAS assessments. Phase I was implemented in June 2007 by initiating use of the tool at four reception centers. Phase II extended the assessment process to the remaining eight reception centers beginning in November 2007. At present, assessments are completed at intake in reception centers for some newly received inmates who have longer than 240 days to serve. To date approximately 6,000 assessments at intake have been completed. Additional funding proposed in the Governor's Budget for FY 2008-09 will allow expansion to additional inmates at intake.

Inmates with less than 240 days to serve receive a COMPAS assessment conducted by the Division of Adult Parole Operations (DAPO) as part of the pre-release program. The 240-day time frame corresponds to when the release to parole summary document is prepared by the prison and sent to parole services. The COMPAS instrument has been in use by the DAPO pre-release program since March 2006. To date, DAPO has conducted risk and needs assessments for approximately 100,000 prison inmates with 240 days to serve prior to release on parole. The DAPO also uses COMPAS functionality for the parole agent case plan and case notes.

The Department is reconsidering two aspects of the assessment process as currently implemented. First, the Department is determining how to integrate and front-load the assessment process to assess all inmates (based on selected criteria) at intake, and change the nature of the assessment now conducted by DAPO for pre-parole planning. Currently, DAPO administers the entire core COMPAS instrument; however, with implementation of the core COMPAS at intake, this will no longer be needed. Instead, the parole focus should shift to a pre-parole planning process. Moreover, the entire focus of the case planning process is on successful reentry and reintegration of an offender within his or her home community. Therefore, the Department is determining how best to transition (front-load the assessment process) and align current efforts consistent with the evidence-based principles and practices.

b. Six Core Program Areas

The Department has selected core programs and initiated steps to acquire these programs in the six core areas identified by the Expert Panel. At least one program will be available in each core program area. The range of services will be available within the prison and reentry settings. With the assistance of the Strike Team, CDCR has selected the following additional core programs:

- o Academic, Vocational, and Financial. The education and vocational programs currently operated by CDCR were found to include those most commonly used evidence-based programs. The Department will focus on effective implementation practices and increasing inmate participation.

Financial–Money Smart. The Department will address financial issues through Money Smart, which is a free money management curriculum from the Federal Deposit Insurance Corporation.

- Alcohol and Other Drugs. CDCR's substance abuse program ranked second highest among programs reviewed by the Expert Panel for research-based findings.⁷ Therefore, the current program will be continued and modified as appropriate to increase effectiveness.
- Criminal Thinking, Behaviors, and Associations-*Thinking for a Change* (T4C). T4C is a cognitive-behavioral curriculum developed through the National Institute of Corrections. Therapeutic techniques such as structured learning experiences, interpreting social cues, and monitoring one's own thought processes.
- Aggression, Hostility, Anger, and Violence. There are three initial selections:
 - (T4C): Components include anger management and communication skills. Most inmates will receive this program.
 - Control Anger and Learning to Manage (CALM): For Level III inmates.
 - Aggression Replacement Training (ART): Includes social skills training, anger control, moral reasoning, and group counseling for Level IV inmates, Security Housing Unit offenders, and those convicted of a violent offense. This curriculum is also used in the Division of Juvenile Justice.
- Family, Marital, and Relationships. There are two related selections:
 - Getting it Right is a communications, relapse prevention, family relationships, and cognitive restructuring program. This curriculum will be customized to meet the needs of California's offender population.
 - Passport is a transitional pocket document to prepare offenders for community reentry.
- Sex Offending. CDCR is considering: the Prison Sex Offender Treatment: Recommendations for Program Implementation, prepared on behalf of CDCR by Peggy Heil and Kim English, July 2007; and, the recommendations contained in the recently released report by the Sex Offender Management Board. This area is still under review.

c. Inmate Prison-to-Employment

The inmate prison-to-employment component is a critical part of the new rehabilitative program model and therefore has been separately identified as a key initiative. The prison-to-employment initiative focuses on what it takes for an offender to connect to the labor force in order to secure and maintain a job. While other programs within the model focus on inmate behaviors, knowledge, and skills needed to successfully function in the community, the prison-to-employment initiative focuses on employment and making the link to an employer and a job.

AB 900 requires the Department to develop and submit to the Legislature an Inmate Treatment and Prison-to-Employment Plan by April 1, 2008. AB 900 further requires submission of two reports on the status of development of this plan. CDCR submitted the first status report in

⁷ Report to the California State Legislature: A Roadmap for Effective Offender Programming in California (pages 61-62).

October 2007 and the second report in January 2008. The Department has worked closely with the Strike Team and key stakeholders to formulate the approach to inmate employment. There are several key elements:

- 1) Inventorying existing employment training and work opportunities within prison.
- 2) Collecting and analyzing job market data to determine the types of jobs that will actually be available in each county (projected to ten years).
- 3) Mapping existing training and work opportunities in prison to jobs available in communities (mapping Number 1 to Number 2).
- 4) Continuing, modifying, discontinuing and/or establishing new employment training and work opportunities within prison that match future job availability in the community.
- 5) Reassessing available work opportunities in prison to ensure important and transferable job skills are learned. This activity has several parts, including revisiting the manner in which job assignments are made, and retooling job assignments to enable learning of transferable and marketable skills.
- 6) Providing essential job prerequisites such as resumes, trade certificates, licenses, trade union members, etc. (often referred to as an "employment passport").
- 7) Support to seek, secure, and maintain employment. The Department has entered into a collaborative partnership with the California Workforce Investment Board (CWIB) to establish the direct connection to employment for offenders returning to their home communities.

The Strike Team reviewed successful prison-to-employment models from around the nation to assist the Department in moving forward in this area. CDCR staff collaborated with the Strike Team as they conducted this review. Based on this review the Department will initiate the New Start program modeled after the successful Texas Project RIO (Re-Integration of Offenders). The New Start program will provide a uniform integrated ex-offender employment placement system working collaboratively with the CWIB and its existing employment infrastructure. The CWIB has 49 local workforce investment boards and 200 One-Stop Centers around the State responsible for providing employment services. The New Start program will incorporate the experience and "lessons learned" from Project RIO model to address the needs of this State; Project RIO provides a useful roadmap. The Department's Inmate Treatment and Prison-to-Employment Plan due April 1, 2008 will further describe this area.

d. Case Planning

The case plan and management function is the centerpiece of the model rehabilitative program developed and recommended by the Expert Panel. The Strike Team's final report provides implementation direction for a case plan (referred to as the Offender Accountability and Rehabilitation Plan) and case planning and management process. The Strike Team identified the lack of an automated case management system as a critically important issue that will make implementation of the new rehabilitative model difficult. Therefore, on an interim basis, the Department is planning to use the case planning and case management functionality available within the COMPAS risk and needs assessment instrument. A review of feasibility is near completion. The Department's Strategic Offender Management System project is anticipated to provide a permanent solution as well as additional functionality designed to support key business functions.

e. Research

The Office of Research (OR) is directly involved in all aspects of implementation of the new rehabilitative programming approach. The OR is validating the COMPAS instrument to ensure it adequately predicts recidivism, allows distinction of risk to recidivate (i.e., low, moderate and high), and appropriately assists in initial determination of offender needs. The OR is also involved with the University of California, Irvine in evaluating rehabilitative programs currently funded by CDCR, and is embarking upon a comprehensive evaluation of all CDCR rehabilitation programs. Efforts in the near-term to increase the utilization of existing in-prison programming will also involve the OR in evaluating and guiding which programs to continue and use, modify, or eliminate.

3. Program Participation Incentives Plan

CDCR will implement a system of incentives to increase inmate participation in, and completion of, rehabilitation programs. As reported in a separate report to the Legislature relative to the Department's expenditure plan for the \$50 million appropriated by AB 900,⁸ creating a prison environment that supports and encourages inmate participation in rehabilitative programming is essential to successful implementation of prison reforms. A "rehabilitative environment" must exist throughout each institution. Therefore, the Department is taking a broader view of the AB 900 charge (which focused on increasing participation in academic and vocational education) to also include the prison environment in its entirety.

The Department has developed a plan using information from a variety of sources (e.g., data collected from other states, substance abuse program practices, and wardens) to create a menu of core practices and optional best practices with regard to incentives. Those being considered include reinstatement of the previous privilege card system, which might include enhanced yard time, night yard, expansion of visiting, additional quarterly packages, additional canteen draw, first to access canteen, and many others. Within this broader context, incentives specific to academic and vocational education were also developed.

Wardens will be provided with the tools they need to increase program participation and inmate accomplishment of milestones, e.g., literacy level increase, high school diploma or equivalent, or job skills. This effort is currently underway through a partnership effort between the Adult Programs and the Division of Adult Institutions. This will be a key part of the effort to increase utilization of existing resources.

4. Proof Project

The proposed Governor's budget for FY 2008-09 includes a \$5 million placeholder for establishment and implementation of a proof project to test and demonstrate implementation of the rehabilitative model (California Logic Model) recommended by the Expert Panel. The Expert Panel further recommended using a reception center, a prison, and a parole region to demonstrate and test the rehabilitative treatment model in its entirety. The Department also included a reentry facility setting (a new option authorized by AB 900) within the demonstration since these facilities will offer additional rehabilitation programming opportunities and facilitate offender reentry to home communities.

⁸ Report on Expenditure of AB 900 Rehabilitation Funding, February 2008

The Department will use the proof project to implement and test the full scope of the rehabilitative model prior to roll-out to all institutions. The proof project will involve offenders from intake through community reentry and parole discharge. The project will showcase the pathway of rehabilitative programming for a group of inmates, beginning with a risk and needs assessment at intake in the reception center, to further assessment and assignment to rehabilitative programming based on assessed needs in the prison, to intensive programming efforts in a secure reentry program facility to facilitate transition to aftercare and follow-up in the community. Lessons learned from this project will inform and benefit greatly the statewide rehabilitative programming implementation process.

Significant work is underway to plan, design, and implement the proof project. The sites selected for the project are:

- Deuel Vocational Institution (reception center site).
- California State Prison - Solano (in-prison site).
- Northern California Reentry Facility (reentry site serving San Joaquin, Calaveras, and Amador Counties).
- Parole Region I (parole site, serving parolees from San Joaquin, Calaveras, and Amador Counties).

Project teams comprised of cross-departmental staff have been formed and site-specific project leaders designated. A governance structure to establish clear lines of authority and facilitate appropriate and timely decision-making also has been established. While each project site (i.e., reception center, prison, reentry facility and community) is different, the overall framework consisting of the management structure, approach, and tools and techniques will be consistently applied.

Work is also underway to document the program flow and design of an Integrated Rehabilitative Treatment Model, which takes place in prison, reentry facilities, and local communities. These prototype designs are intended to demonstrate implementation of the Expert Panel's California Logic Model, and articulate for CDCR staff and other stakeholders what rehabilitative programming is and how it might work in a "live" setting. The prototype integrated rehabilitative treatment designs are models only; however, they provide a starting point for discussion about the details of operating a rehabilitative treatment program. It is expected that the prototypes will be adapted based on the specific setting, the needs of the population to be served, and the input of local communities.

G. Obtaining Additional Rehabilitative Programming for Offenders in the Correctional System

The Department is charged with obtaining additional rehabilitative programming for inmates in the correctional system, including prisons, SCRFs, and communities, both while an offender is on parole as well as after parole. The activities described so far in this report address work planning, infrastructure development and support, expanding specific programs, and implementation of the new rehabilitation model. What has not been addressed is how to increase effective rehabilitative programming within the current prison environment, new environments (reentry facilities), and communities.

The Department's overall plan to obtain additional rehabilitation and treatment services for prison inmates and parolees has three tracks: increase utilization of existing programming

resources (Track 1); implement and test the new rehabilitative programming model through a “proof project” (Track 2); and implement the new programming model statewide (Track 3). Tracks 2 and 3 are accomplished through testing the new rehabilitative model through the proof project and incorporating lessons learned within the statewide rollout of the model. However, Track 1 is what needs to happen now to ensure the 33 institutions are ready and able to implement the rehabilitative model once design and practice are tested.

Track 1 is focused on fully utilizing existing programming capacity within prisons. There are three phases of this effort: increasing utilization of existing programming resources by maximizing offender participation in current programs; increasing programming capacity within existing resources; and increasing programming capacity with new resources (will require future budgetary action). The goal of this effort is at least twofold: to better use current programming resources, and to begin to focus on moving the prison system in generally the right direction consistent with the new rehabilitative treatment model.

Track 2 is to implement the “proof project” to demonstrate and test implementation of the new rehabilitative model (California Logic Model) recommended by the Expert Panel. The Expert Panel recommended using a reception center, a prison, and a parole region to test the design and remedy implementation issues prior to statewide rollout. The Department is also including a secure reentry facility setting (a new option authorized by AB 900) within the test since these facilities will offer additional rehabilitation programming opportunities and facilitate offender reentry to home communities.

Track 3 is the rollout statewide of the new rehabilitative treatment model based on the “lessons learned” from the proof project. The proof project will inform and facilitate statewide implementation by providing valuable process and practice design. The elegant, comprehensive design of the new rehabilitative model will be incorporated statewide throughout the correctional system.

This multi-track approach will allow CDCR to immediately engage the entire system in beginning to move toward the envisioned rehabilitative treatment model. This comprehensive approach to increasing effective offender rehabilitative programs will contribute to offender success upon return to the community (reduced recidivism) and public safety. More information about Track 1 follows.

1. Increasing Rehabilitation Services In-Prison

The prisons offer a known business environment but face many challenges in providing rehabilitation programs, not the least of which is the lack of programming space due to prison overcrowding. The determination of how best to utilize the new funds (\$50 million) appropriated by AB 900 for rehabilitation and treatment of prison inmates and parolees necessarily led to examination of the use of existing resources. Currently, the primary rehabilitation programs offered in California’s prison system are substance abuse treatment, and academic and vocational education. Work opportunities are also offered through support services positions (i.e., jobs that support the operation of the institution) and the Prison Industries Authority (PIA). This analysis found that while many existing programs are operating near capacity (in fact, some programs or work sites have waiting lists), there are significant resources within some institutional settings that could be more fully utilized.

Consequently, prior to allocating new funds for these same purposes, the Department is initiating a major initiative to ensure optimal use of existing resources dedicated to rehabilitation program and treatment services. It is believed this approach will serve to “prime the pump” in

preparing institutions for implementation of the elegant, comprehensive rehabilitative programming model that is being implemented and tested through the proof project. Increasing utilization of existing rehabilitative programs will be done in a manner reflective of the guidance from the Expert Panel and the Strike Team. This means that the programs must be efficacious, inmate assignment must reflect an inmate's programming needs, and the prison environment must support and encourage inmate participation in programming (see description of program participation incentives). The approach addresses all prisons, with implementation already underway. Once the Department has maximized utilization of current capacity, it will build upon that capacity using new resources (i.e., staffing and space) which will require future budgetary action.

a. Goals

The goals of this initiative are twofold: (a) to fully utilize resources currently available for rehabilitation program and treatment services; and, (b) to better prepare institutions for implementation of the rehabilitation programs and processes reflected in the California Logic Model, which are being tested and evaluated through the proof project.

b. Anticipated Benefits

It is believed this initiative will result in several important benefits. First, it will assist institutions in preparing for implementation of the more elegant, comprehensive rehabilitation program model envisioned by the California Logic Model and implemented over the next two years through the proof project. Increasing utilization of existing rehabilitation programs will be done in a manner reflective of the guidance from the Expert Panel and Strike Team. This means the programs must be efficacious, inmate assignment must reflect individual offender programming needs, and the prison environment must support and encourage inmate participation in programming. Second, the initiative will make optimal use of existing resources available for rehabilitation programs. Third, the initiative will result in an increase in offender participation in rehabilitation programming, which will benefit the inmate and increase the safety of inmates and staff who work in institutions. Finally, the initiative will improve public perceptions about the ability of the Department to manage its resources and deliver rehabilitative programming.

This initiative will also address three performance expectations established by AB 900. These performance expectations (expressed as Phase I conditions to be met prior to release of Phase II revenue bond financing) are:

- Prison institutional drug treatment slots have averaged at least 75 percent participation over the previous 6 months (Condition 5).
- CDCR has increased full-time participation in inmate academic and vocation education programs by 10 percent from the levels of participation on April 1, 2007 (Condition 11).
- CDCR has developed and implemented a plan to obtain additional rehabilitation services, pursuant to PC Section 2062 (Condition 12).

Together these benefits are anticipated to promote and maintain the interest and confidence of staff who work in prisons that the effort to expand rehabilitative programming has begun at all levels within the CDCR organization. This initiative is being conducted as a collaborative partnership between Adult Operations and Adult Programs.

c. Analysis and Findings

Prior to beginning this initiative, the Department conducted an analysis of the current utilization of available rehabilitation program and treatment services in its institutions. It was found current resources were not optimally utilized by all institutions and, therefore, fewer offenders were receiving needed services. FY 2006-07 summary data for academic and vocational education programs was reviewed and revealed inmate participation in available programs was below expected performance levels. Using the performance measure established in AB 900, CDCR is required to increase full-time participation in inmate academic and vocation education programs by 10 percent from the levels of participation on April 1, 2007. As of that date, the total number of hours an inmate attended the program to which he or she was assigned averaged 50 percent statewide for academic education and 42 percent for vocational education. Although there are many reasons for non-attendance, it is clear that focused attention is needed to ensure that inmates actually participate in (attend) programs.

The utilization data for substance abuse programs were also reviewed. While there may be room for improvement, utilization of in-prison drug treatment slots is much higher and typically averages a filled capacity at or near 94 percent (December 2007 data). The performance measure established in AB 900 requires CDCR prison institutional drug treatment slots to average at least 75 percent participation over the previous 6 months. At the same time, there are waiting lists for treatment services that should receive focused attention to identify options to increase service availability in the near-term. The AB 900 expansion of these services by 2,000 slots is scheduled to start coming on-line shortly.

d. Proposed Approach

The Department completed significant work to determine project phasing, preliminarily assess the relative readiness of each institution, and stage institutions for orderly implementation. A data matrix display was developed to provide relevant information to assist in the assessment and decision-making process. The following steps were taken:

Phased Implementation:

Based on the availability of resources, the Department will approach this initiative in three phases. The phases are:

- Phase I - To increase utilization of existing programming resources.
- Phase II - To increase programming capacity using existing or redirected resources.
- Phase III – To increase capacity using new resources (i.e., staffing and space) which will require future budgetary action.

The initiative will begin with Phase I and include all prisons. Phase I implementation began at California State Prison, Solano, Facility 3 in mid-November 2007. A project team was formed in November and has been working on implementation details since that time. A formal “kick off” with all Wardens was held in early February 2008 at the Wardens’ Meeting. The full project scope, parameters, and approach were discussed at the meeting.

Data Matrix Display:

A data matrix display was developed to provide relevant information to assist in the assessment and decision-making process. Data considered included: institution and facility specific information; proposed location of new in-fill beds and new substance abuse treatment slots; modified programs and lockdowns; PIA programs and inmate assignments; and current program utilization data. Taken together the data matrix display provides a sense of the nature of an institution and reflects some of the challenges that may be inherent in attempting to increase inmate participation in rehabilitation programming.

Criteria for Selection (Readiness Assessment):

Criteria were identified for use in determining the readiness of each institution to embark upon this effort. The selection criteria resulted in ranking institutions in the order of readiness to implement, with stage one being those likely to be most ready to implement. The following criterion (by phase) were used to select the order in which institutions will begin implementation:

Phase I – Increase Utilization of Existing Resources:

- Facilities with a limited number of modified programs and lockdowns:
 - Less than 10 in the control periods.
 - Less than 25 percent (68 days) of the control period.
- Facilities with a low utilization rate for academic programs.
- Facilities with a low utilization rate for vocational programs.
- Recommendations of experienced staff regarding readiness.
- Expressed interest by the Warden to participate.
- Institution activation schedule.

Phase II – Increase Program Capacity (Existing/Redirected Resources):

- Existing academic and vocational programs are fully utilized.
- Availability of program space, i.e., activation of existing classroom space not currently in use and/or other space.
- Availability of staff or the ability to augment staffing.
- Recommendations of experienced staff regarding readiness.
- Expressed interest by the Warden.
- Institution activation schedule.

Phase III – Increase Program Capacity (New Resources):

- An implementation plan to increase program capacity developed and feasible.
- Increased resource needs (positions, space, and equipment) identified, requested and authorized.
- Availability of staff.
- Recommendations of experienced staff regarding readiness.

- Expressed interest by the Warden.
- Institution activation schedule.

Staging is designed to give each institution the necessary time to prepare for implementation. In general, institutions with higher rates of modified programs and lockdowns are likely to require more time to prepare for implementation.

e. Other Implementation Considerations:

There are several other implementation considerations that will be addressed and incorporated into the initiative approach, as follows:

- OR will use the Correctional Program Checklist (CPC) to assess existing programs at each institution. The CPC is a validated tool used to determine the extent to which a program has integrated evidence-based treatment and practices with the goal of reducing recidivism. Programs found lacking will be modified, or if appropriate, discontinued.
- The Division of Addiction and Recovery Services and the Division of Education, Vocations and Offender Programs will review and reissue program operating policies, procedures, and practices to ensure consistent implementation of approved programs and/or curricula and standards for delivery that are evidence-based.
- Assignment of inmates to programs will be based on assessment of risk and needs.
- Inmates currently participating in programs will continue unless contraindicated. For example, unless there is an obvious disconnect between inmate needs and the assigned program.
- Wardens will be provided with the program participation incentive tools to increase program participation and inmate accomplishment of milestones, e.g., literacy level increase, high school diploma or equivalent, or job skills.
- The schedule for implementation of information technology infrastructure will be coordinated, to the extent possible, to enhance the ability of institutions to access the functionality of COMPAS. For example, the COMPAS risk and needs assessment, case planning tool, case notes, and reentry planning tool.
- The implementation team will include facility management staff (the Division of Addiction and Recovery Services; the Division of Education, Vocations, and Offender Programs; and Facility Planning, Construction and Management) to conduct a space inventory and assessment in anticipation of future programming space needs. This will include documentation of current space used for programming, e.g., number and size of classrooms, library space, office space, etc.

2. Developing a New Program Model for the SCRF Setting

SCRFs are a new business model for California, geared to provide an additional rehabilitative programming option located within an inmate's home community. The SCRF is a model in which smaller facilities located in or near an offender's home community provide rehabilitative programming to prepare him or her for release and community reentry and reintegration. The CDCR Adult Programs is designing the program model for these new facilities, while facility

design and facility operation are under the jurisdiction of Facility Planning, Construction and Management, and Adult Operations, respectively.

Each reentry facility will be designed in cooperation with local county and/or city officials to meet local needs. However, each reentry facility must operate within a shared framework and design to ensure an effective, evidence-based rehabilitative treatment model. It is the responsibility of CDCR Adult Programs to clearly define the rehabilitative treatment model for reentry facilities and work with local communities to modify interventions within the model to best meet the needs of the target population and communities served. Any modification of treatment interventions or approach must be supported by evidence-based practice.

The reentry facility rehabilitative treatment model philosophy and interventions are based on cognitive-behavior treatment. This model uses an integrated programming approach to deliver cognitive behavioral programs offering varying levels of dosage (intensity and duration) based on an individual risk and needs assessment. The model unites evidence-based programs in a coherent, clearly articulated, and seamless manner to create a comprehensive treatment intervention program and environment.

The Integrated Rehabilitative Treatment Model implements the California Logic Model and provides the central guiding vision uniting assessment, case planning, treatment/rehabilitation programming, reentry, and reintegration. The integrated model provides the shared framework and approach for operation of the entire reentry facility. At different levels of detail, everyone—administrators, line staff, rehabilitation/treatment staff and providers, and support staff—will receive training to understand the model. The intent is to create a united treatment team using the integrated treatment model and vocabulary in order to structure the environment to provide continuity of treatment across the facility that helps promote success in changing inmate behavior.

The comprehensive vision describing this model is: *The Integrated Rehabilitative Treatment Model pervades every aspect of the CDCR operation, including prisons, reentry facilities, and community reentry and reintegration. Its principles are documented in the California Logic Model as evidence-based, effective, recognizable, and universal. Everyone provides rehabilitative treatment programming.*

3. Partnering with Communities for Rehabilitative Programming

CDCR is changing the manner in which it looks at the programming provided to its offenders in the community. In the past, programs were viewed in the context of their funding source, such as those provided through the Recidivism Reduction Strategies, or by the organization that operated the program (i.e., DAPO, Division of Community Partnerships, etc.). There has not been a comprehensive approach to determining and prioritizing the purchase of community services using evidence-based practices and/or highest service need to reduce recidivism. The lack of a focused and comprehensive approach has resulted in a patchwork of services around the State that often do not have capacity to meet the needs of offenders returning to home communities. Furthermore, oversight, monitoring, and performance measurement is often lacking. The Department is developing a comprehensive approach to community services and supports for parolees as well as aftercare services offered by communities.

To develop a comprehensive approach, the Department is inventorying all currently available community services. First, and in the short-term, CDCR is identifying all community programs funded by CDCR (regardless of funding source or which organization operates or is responsible

for the program). As a second step in the process, other State agency funded programs (i.e., those in which other State agencies contribute to the cost of the services) will be identified. Those programs include alcohol and drug programs, mental health programs, health, women's health, etc. Third, and in the slightly longer term, CDCR intends to add information on those programs that are not State funded. Those include programs operated by community-based organizations, volunteer groups, etc. The Department will build upon the community resource database already established by DAPO and housed within the COMPAS instrument to create this community resource inventory.

In order to ensure that needed community services are available, the Department will then identify gaps in community services that are most important to ensuring successful offender reentry. Once completed, the information collected will be sorted by function (services performed), rather than by the organization that operates the program. That information will be mapped geographically. COMPAS data will be used to generally identify needs by county or geographic location. CDCR will begin at this point to move forward to meet the needs in those highest risks and needs areas. This will enable the Department to be in position to identify the gaps between needs and available community-based services and address them.

This approach will provide new opportunities to partner with local communities to jointly develop a network of services for parolees in their communities that will contribute to reducing recidivism and promote public safety.